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## APPLICATION DATA SHEET

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### Application Information

Application number:: Not yet assigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R? None  
Sequence Submission?:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: METHODS AND COMPOSITIONS FOR TREATING  
ALZHEIMER'S DISEASE  
Attorney Docket Number:: M0765.70069US00  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 7  
Total Drawing Sheets:: 7  
Claims:: 102  
Small Entity?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: G. William  
Middle Name::

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Family Name:: REBECK

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Amy

Middle Name::

Family Name:: DENG

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Hiroaki

Middle Name::

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Family Name:: FUKUMOTO

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: IRIZARRY

City of Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: FITZGERALD

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City of Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

### **Correspondence Information**

#### **Correspondence Information::**

Name:: John R. Van Amsterdam, Ph.D., Esq.

Street of mailing address:: 600 Atlantic Avenue

City of mailing address:: Boston

State or Province of mailing

address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

address:: 02210

Phone number:: (617) 720-3500, (617) 573-7833

Fax Number:: (617) 720-2441

E-Mail address:: jvanamsterdam@wolfgreenfield.com

### **Representative Information**

**Representative Customer Number:: 23628**

### **Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application	non-provisional of	60/411,706	09 - 18 - 02

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**Foreign Priority Information::**

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

**Assignee Information:**

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::